## Notice of Section 527 Status

OMB No. 1545-189

91-2068725

| AUG 0 0 2000 |  |
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| FILMER       |  |

| ntierna    | Hevenue Service   |                |               |   |            | 11-4000                  |
|------------|---|----------------|---------------|---|------------|--------------------------|
| Par        |   |                |               |   | *****      |                          |
| 1          | Name of organization  |                |               |   | Employ     | er identification number |
| _          | Citizens to Elect Bob Sump  Mailing address (P.O. Box or number, street, and room |                | aulta nu      | robae)                                    | L          |                          |
| 2          | P.O. Box 407  |                | 30110         |   |            |                          |
|            | City or town, state, and ZIP code<br>Republic, WA 99166-0407                      |                |               |   |            |                          |
| 3          | E-mail address of organization  |                |               |   |            |                          |
| _          | OSWIN@PLIX, COM:  |                |               |   |            |                          |
|            | Name of custodian of records  | 46             | Custo         | dian's address                            |            |                          |
|            | Stephen H. Oswin, CPA, P.S.   |                | 127.          | North Wynne Street                        |            |                          |
|            |   | 上              |               | ille, WA 99114-2311                       |            | <b>35</b> 11 0 00        |
| 5 <b>a</b> | Name of contact person  | 5b             |               | ct person's address<br>North Wynne Street |            |                          |
|            | Steve Oswin   |                | *****         | ille, WA 99114-2311                       | ********** |                          |
| 6          | Business address of organization (if different from ma                            | llina<br>ilina |               | -   | oom or su  | ite number               |
| _          | Same as mailing address   |                |               |   |            |                          |
|            | City or town, state, and ZIP code   |                |               |   |            |                          |
| Par        | t II Purpose  |                |               |   |            |                          |
| 7          | Describe the purpose of the organization  |                |               |   |            |                          |
|            | Single Candidate Committee - Fo   | r V            | <u> Mashi</u> | ngton State Represent.                    | ative      |                          |
|            |   |                |               |   |            |                          |
|            | receipts are not expect   |                |               |   |            |                          |
| Pai        | t III List of All Related Entities (see ins                                       | struc          | tions)        |   |            |                          |
|            | Name of related entity 8b Relations   |                |               | 8c Address                                | •          |                          |
|            |   | •              |               |   |            |                          |
|            | NONE  |                |               |   | *******    |                          |
|            |   |                |               |   |            |                          |
|            |   |                |               |   |            |                          |
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|            | <u> </u>  |                |               | RE  | CEIV       | <u>ה</u>                 |
|            |   |                |               |   |            |                          |
|            |   |                |               | 8 AUG                                     |            |                          |
|            |   |                |               | W AUG                                     | 042        |                          |
|            |   |                |               | 1 1 1                                     |            | 1021                     |
|            |   |                |               | OGE                                       | ΣEN, Ι     | IJŦ                      |
|            |   |                |               | <del>- /</del>                            | · · ·      |                          |
|            |   |                |               |   |            |                          |
|            |   |                |               |   |            |                          |
|            |   |                |               |   |            |                          |

| Part IV                                 | List of All Officers, Di   | rectors, and Highly Co              | mpensated Employees (see instructions)  9c Address   |
|---|--|-------------------------------------|--|
|   | e Sage   | Campaign<br>Manager                 | 347 West Hwy. 20   |
|   |  | nanago:                             | Republic, WA 99166   |
| Step                                    | hen H. Oswin   | Treasurer                           | 127 North Wynne Street   |
|   |  |                                     | Colville, WA 99114-2311  |
|   |  |                                     |  |
|   |  |                                     |  |
| . 11.00                                 |  |                                     |  |
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| • |  |                                     |  |
|   | Under penalties of perjury, I dec<br>Revenue Code, and that I have a<br>it is true, correct, and complete. | examined this notice, including and | in Part I is to be treated as an organization described in section 527 of the interms<br>companying schedules and statements, and to the best of my knowledge and belief |
|   | - Handlane   | A. Owin                             | 8/2/00   |
| Sign<br>Here                            | Signature of authorized of   | fficial                             | Date   |